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Samolyk

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- (54) **CPB SYSTEM WITH FLUID VOLUME CONTROL**
- (71) Applicant: **Keith Samolyk**, Windsor, CT (US)
- (72) Inventor: **Keith Samolyk**, Windsor, CT (US)
- (*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 71 days.

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A61M 1/36 (2006.01)
A61M 1/16 (2006.01)
- (52) **U.S. Cl.**
CPC **A61M 1/3666** (2013.01); **A61M 1/1698** (2013.01); **A61M 1/3621** (2013.01); **A61M 1/3627** (2013.01)
- (58) **Field of Classification Search**
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USPC 422/45; 604/6.14
See application file for complete search history.

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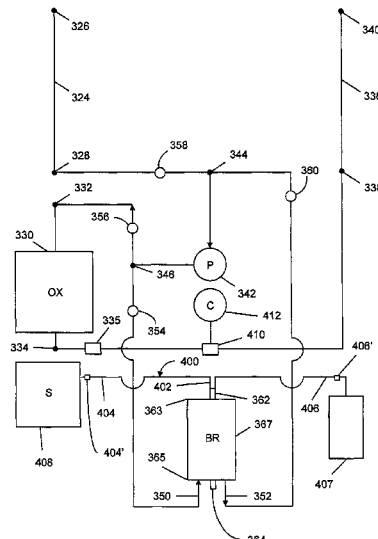
Primary Examiner — Tatyana Zalukaeva
Assistant Examiner — Ariana Zimbouski

(74) *Attorney, Agent, or Firm* — Alix, Yale & Ristas, LLP

(57) **ABSTRACT**

In an extracorporeal blood circuit system or a machine configurable in such a circuit, a bag blood reservoir has an infusion port at the upper end of the bag, an outlet port at the lower end of the bag, an inlet port at the lower end of the bag, and an IV port at the lower end of the bag. A split line is connected to the infusion port, having a first branch line connected to a source makeup fluid into the reservoir and a second branch line that evacuates from the reservoir. An air detector and a vent controller automatically configure a venting path in which the inlet lines to the pump and to the blood reservoir are open such that air rises to the upper end of the blood reservoir from which it can be vented through the infusion port into the air evacuation line.

7 Claims, 13 Drawing Sheets



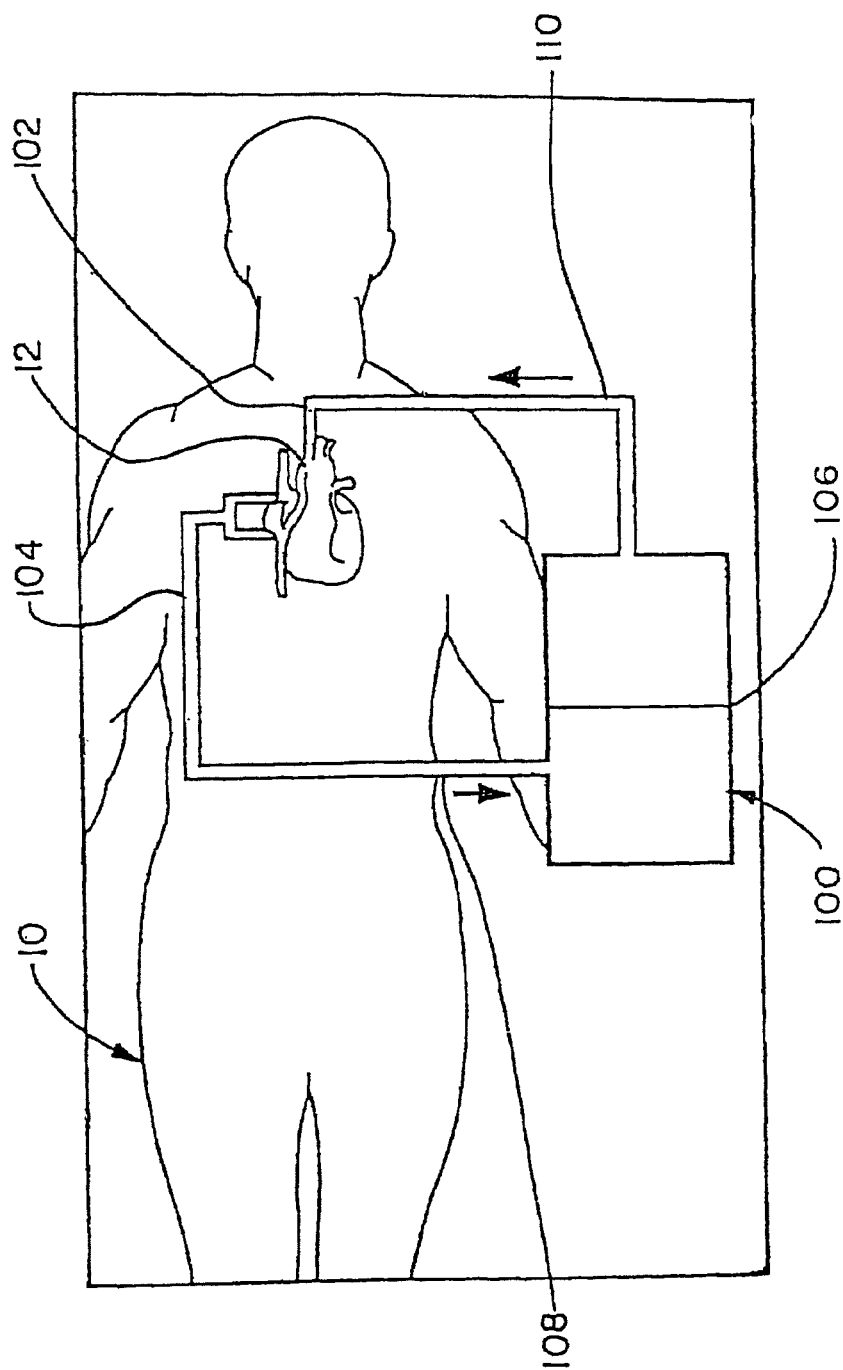
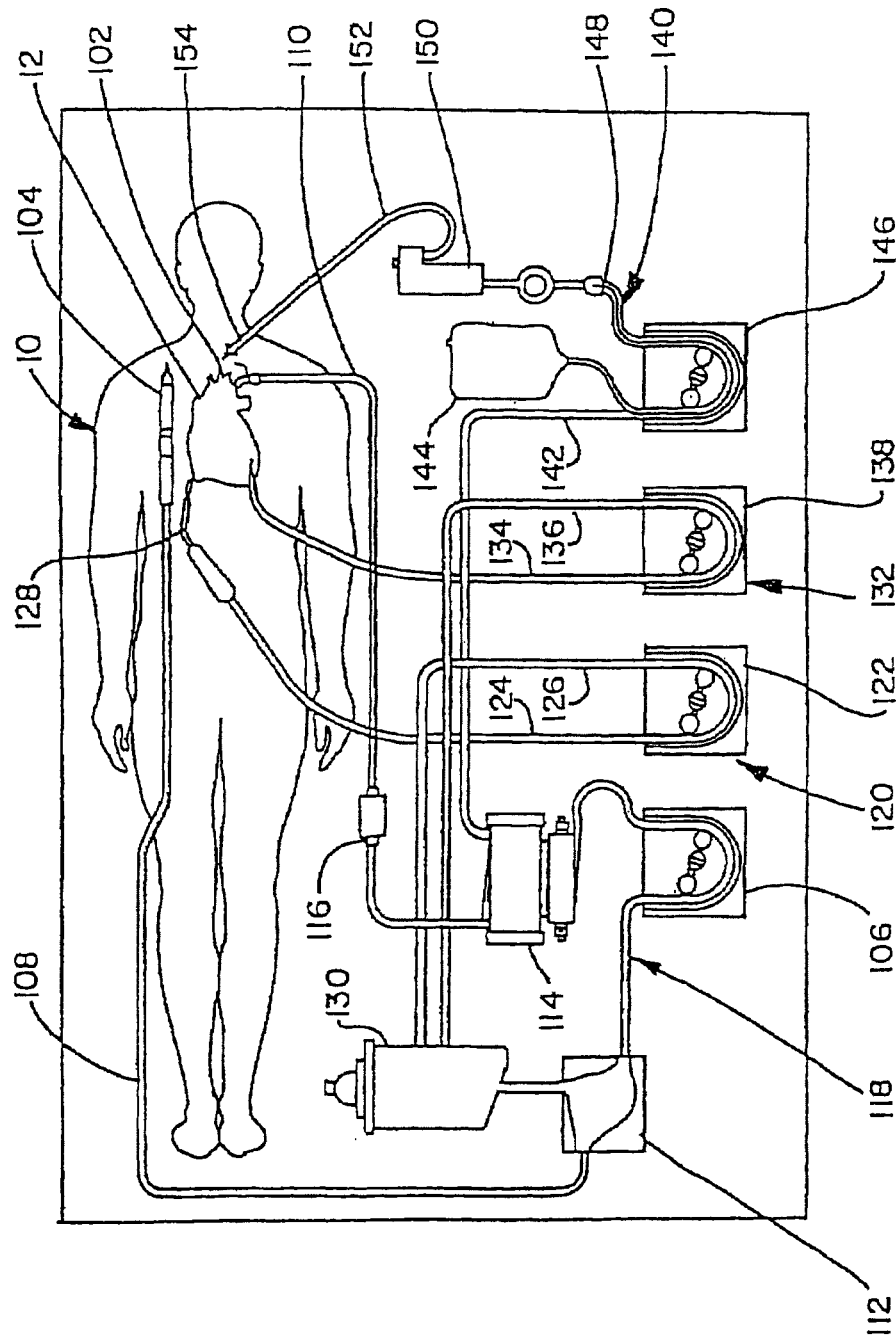


Fig. 1
(PRIOR ART)



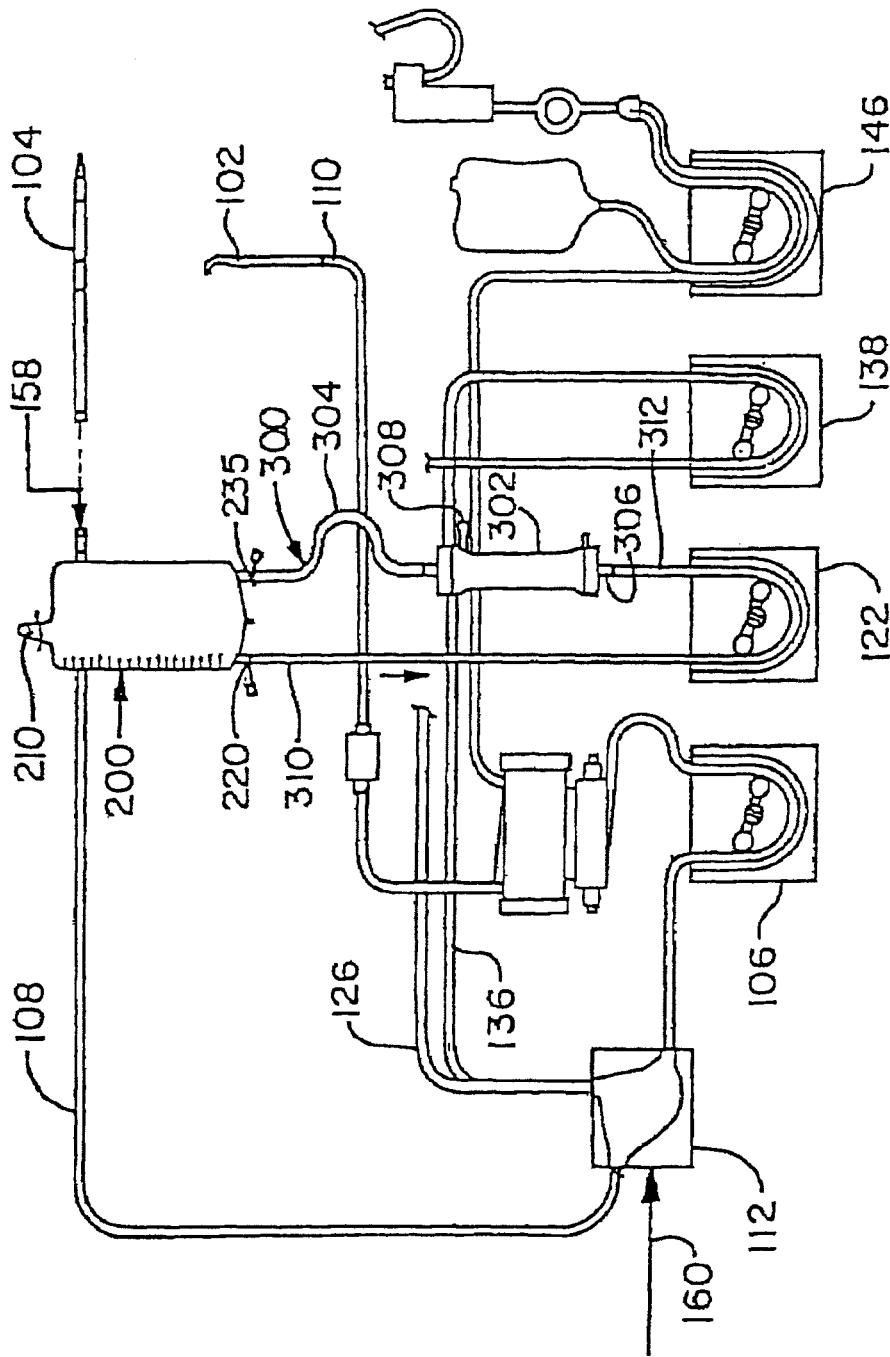


FIG. 3
(PRIOR ART)

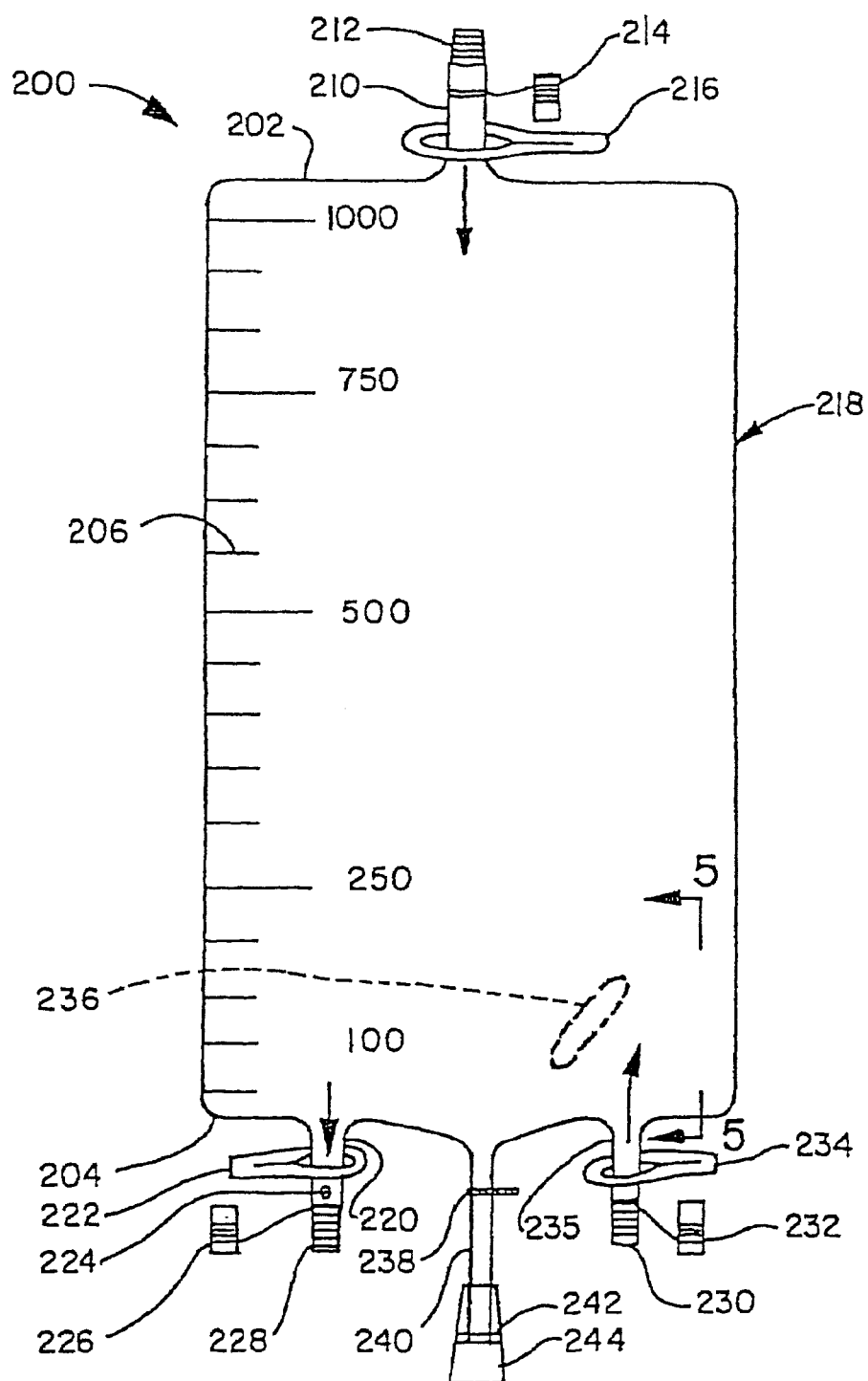


FIG. 4
(PRIOR ART)

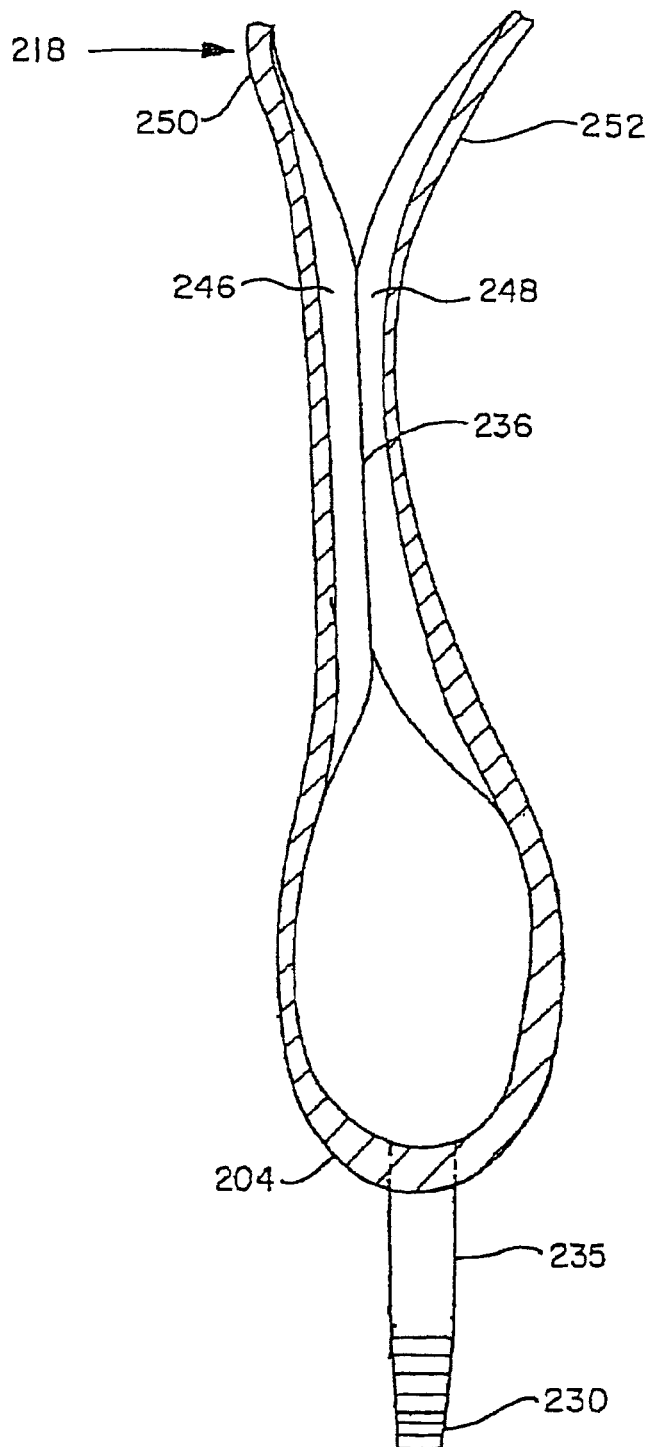


FIG. 5
(PRIOR ART)

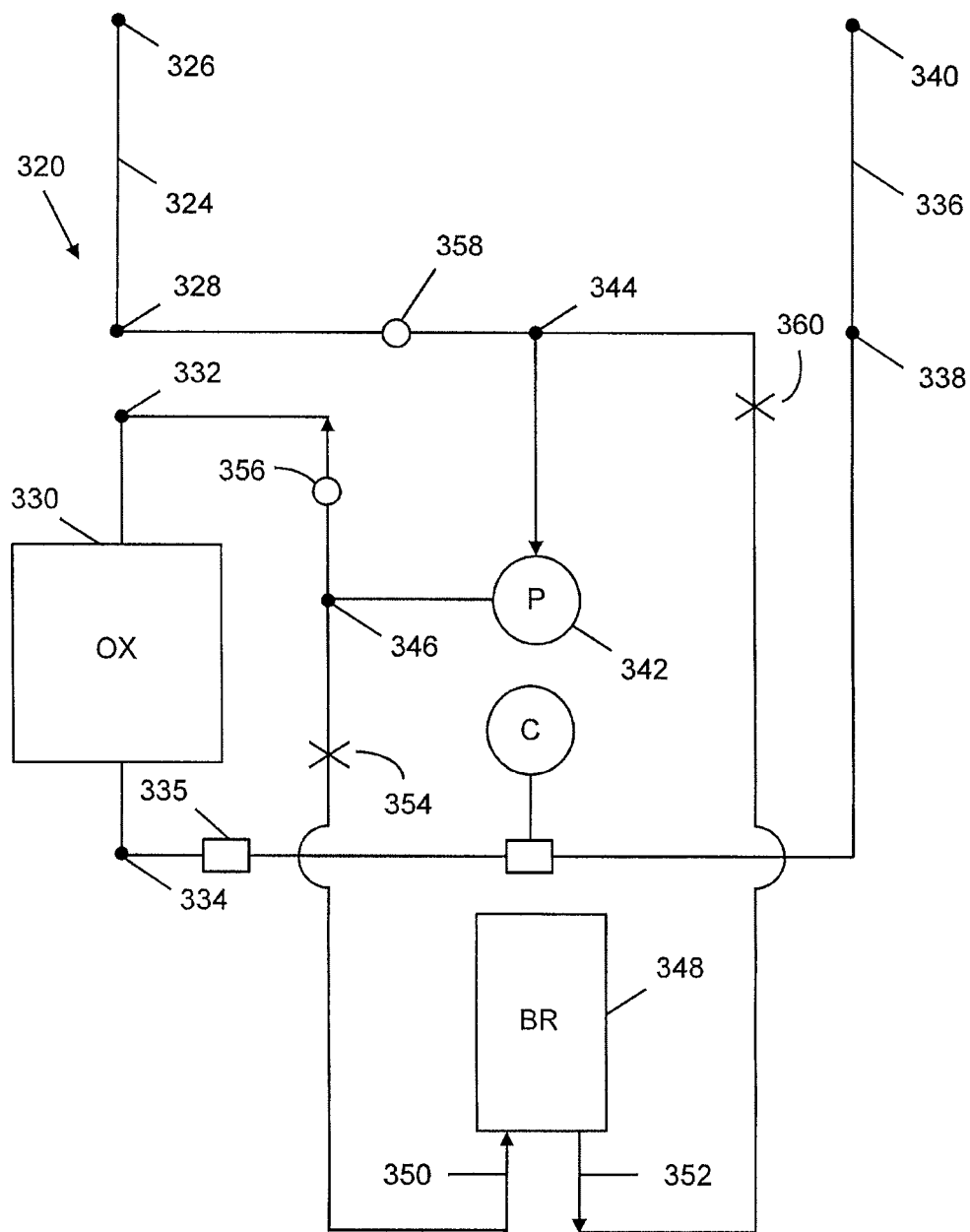


Fig. 6

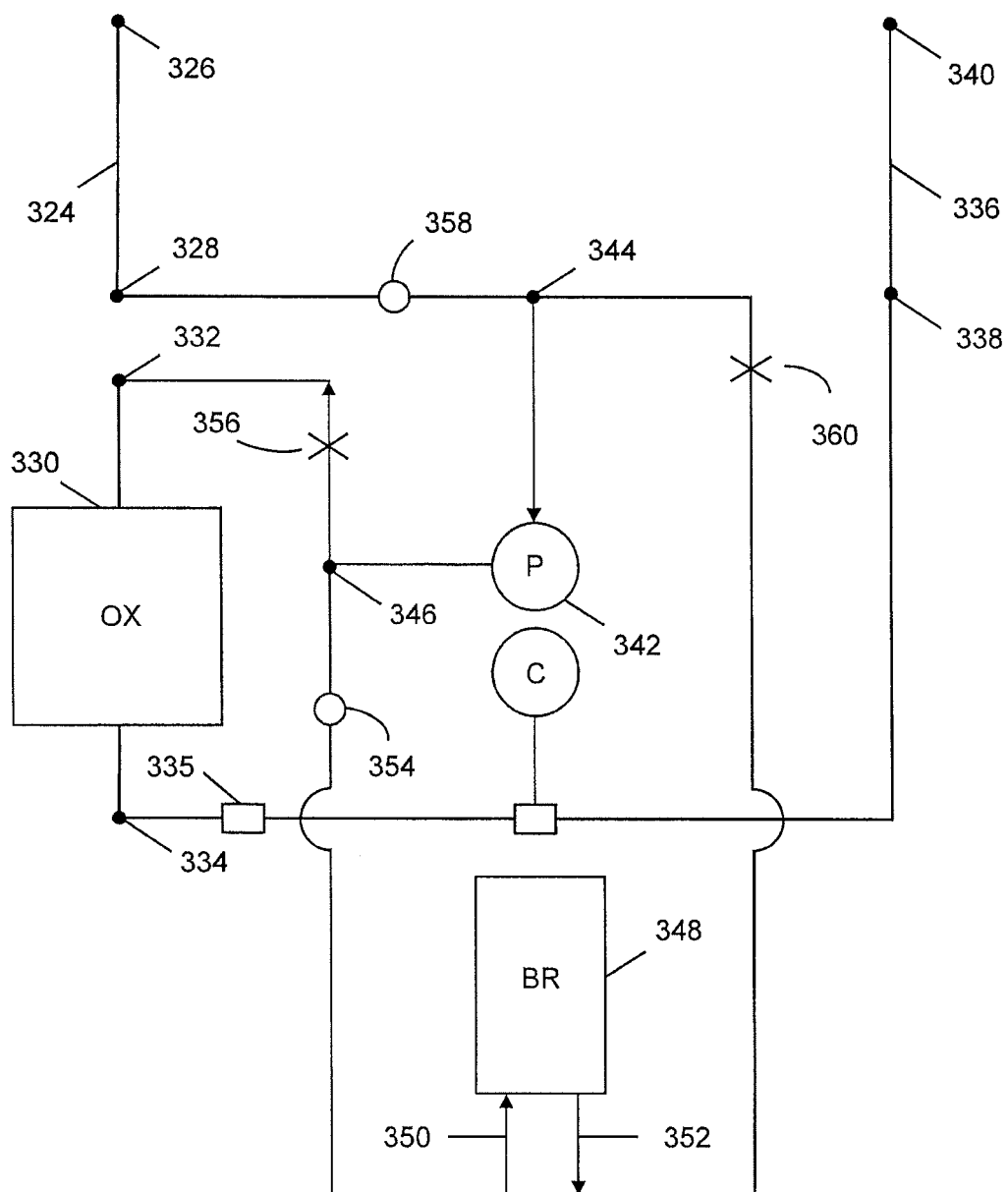


Fig. 7

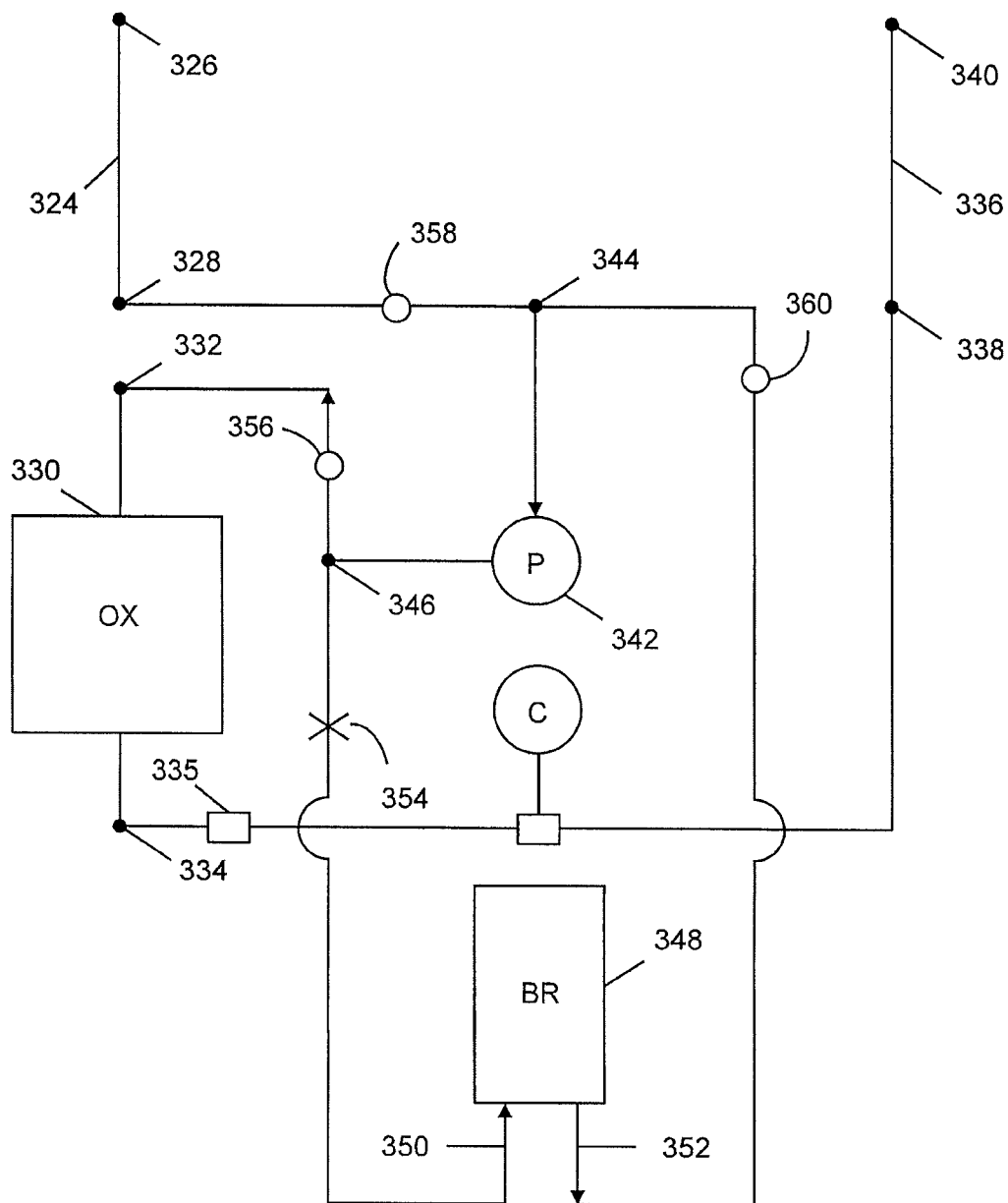


Fig. 8

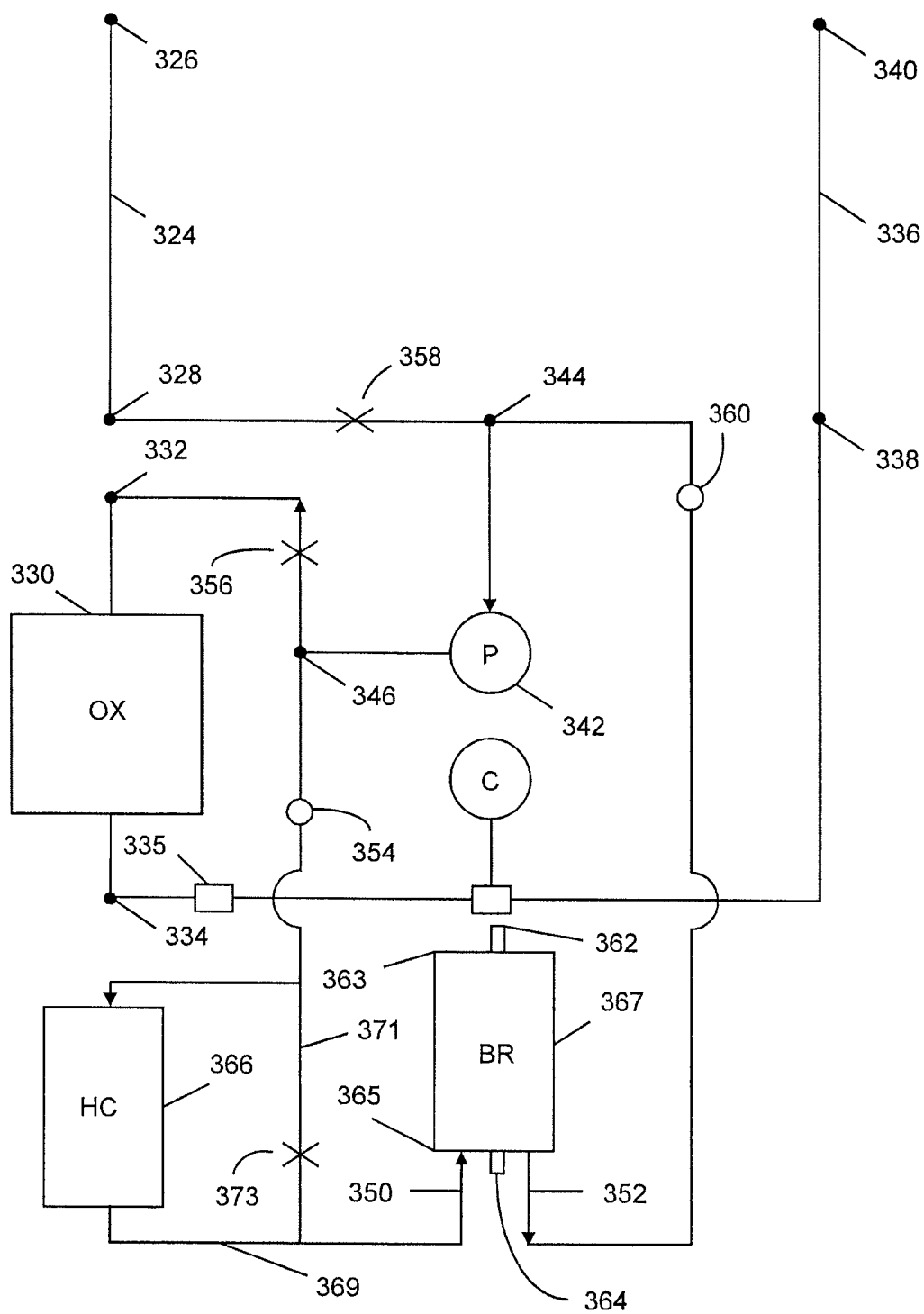


Fig. 9

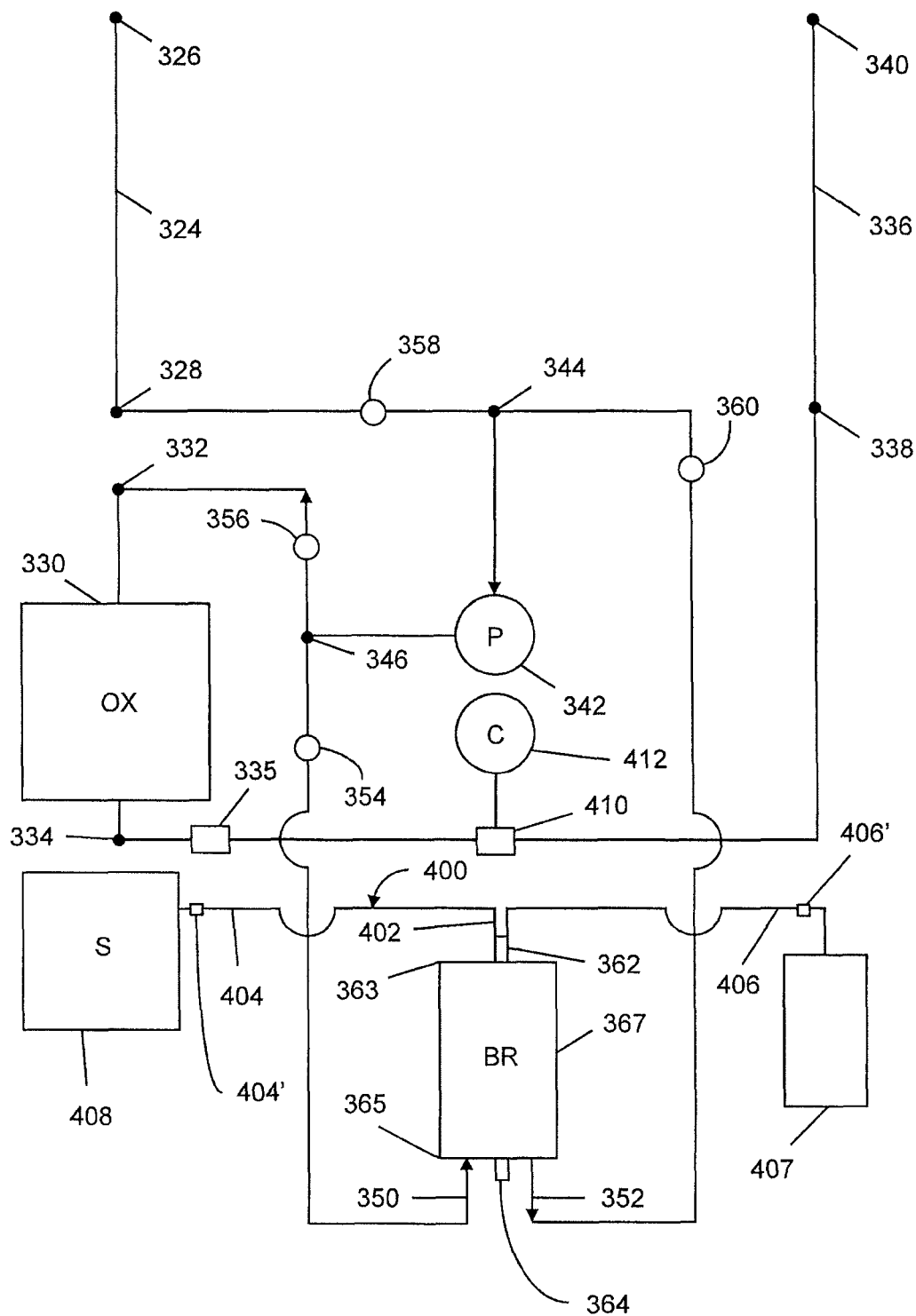


Fig. 10

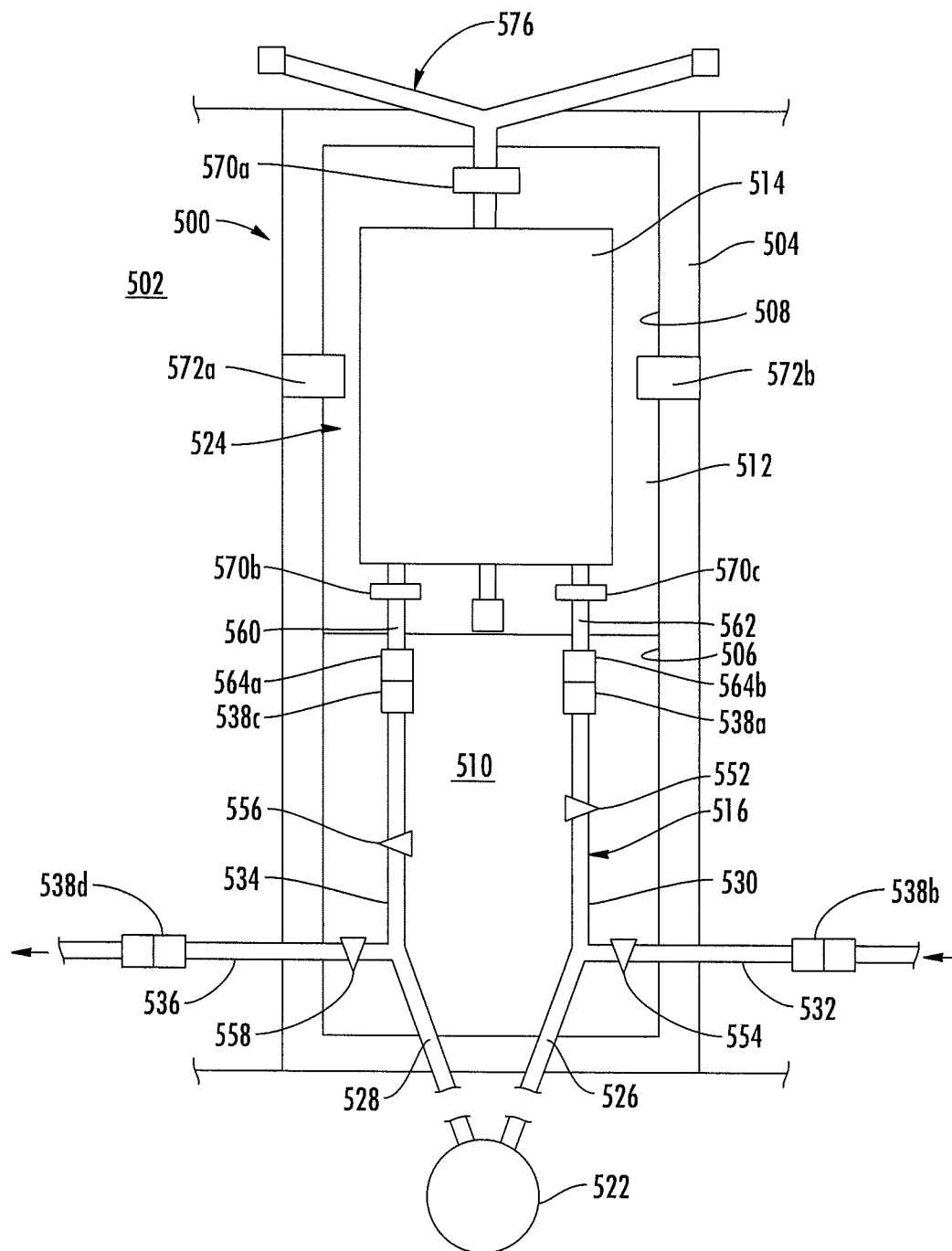


FIG. 11

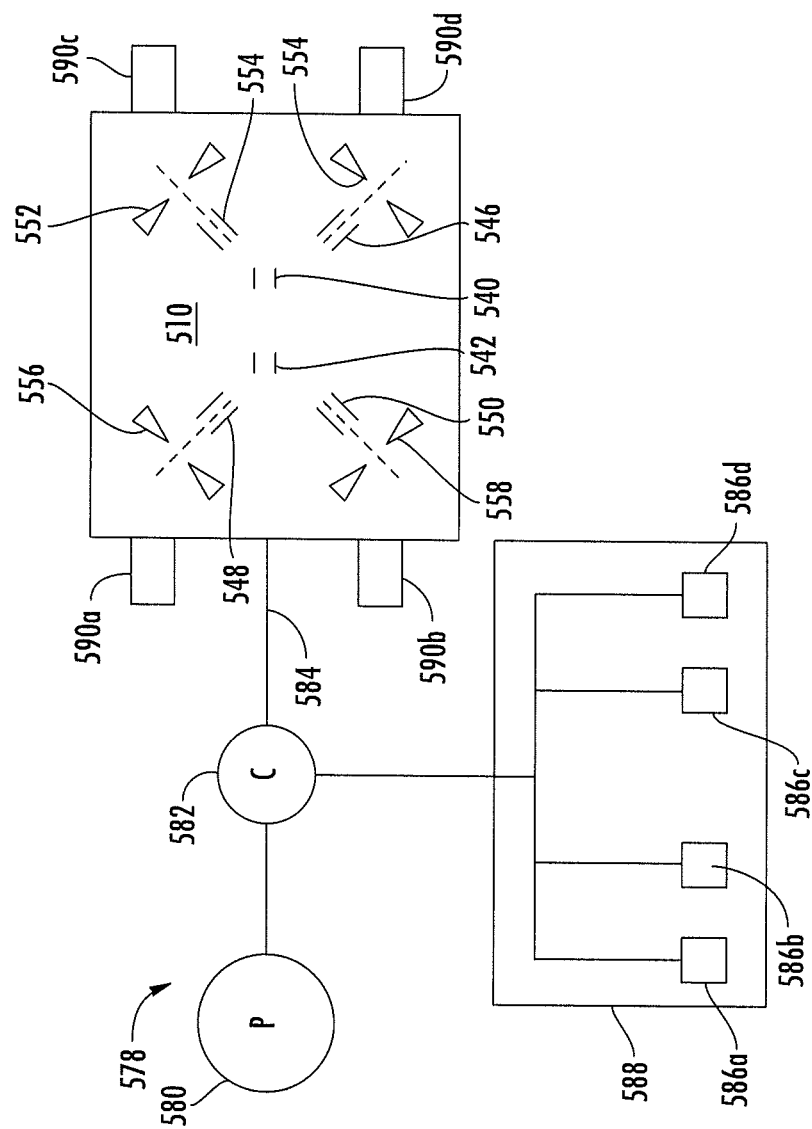


FIG. 12

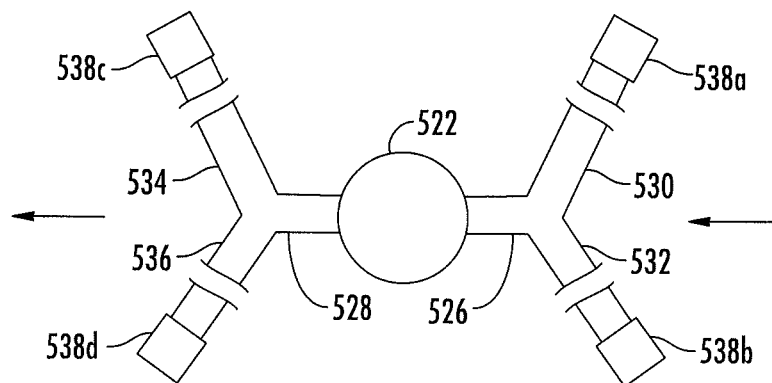


FIG. 13

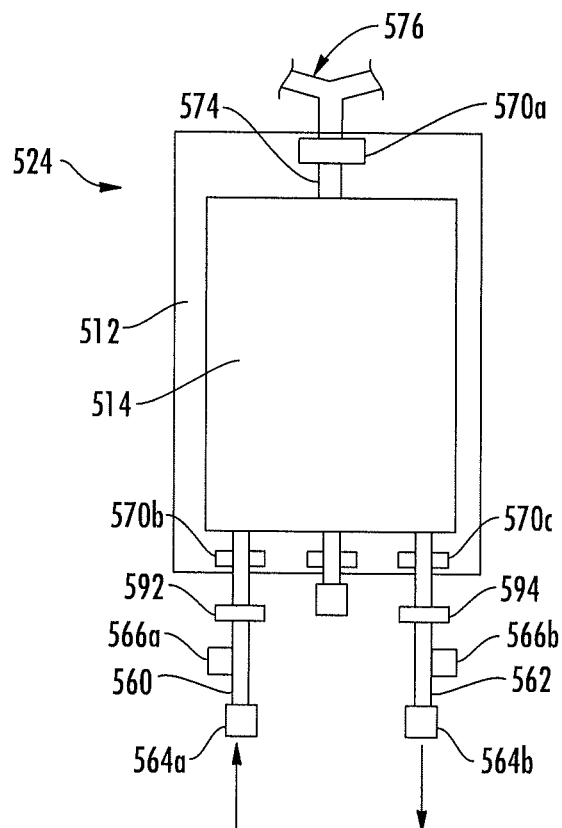


FIG. 14

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CPB SYSTEM WITH FLUID VOLUME CONTROL

BACKGROUND OF THE INVENTION

The present invention relates to medical equipment, techniques and procedures, and more particularly, to the circulation and recovery of blood during and immediately following heart bypass and similar surgery involving a cardiopulmonary bypass circuit (CPB) or more generally, an extracorporeal blood circuit (ECC).

A persistent dilemma is faced thousands of times each day worldwide, of how to handle the volume of a patient's blood in the ECC after the surgical procedure has been completed and the patient is disconnected from the circuit.

Significant improvements toward achieving this goal have already been implemented using the Hemobag® techniques described in the present inventor's U.S. Pat. Nos. 5,928,178; 6,398,751; 7,033,334; and 7,402,278, the entire disclosures of which are hereby incorporated by reference. A substantial volume of concentrated whole blood can be quickly and easily recovered from the ECC immediately following, i.e., cardiac, thoracic, or vascular surgery. Most of the blood in the ECC circuit flows into a blood reservoir, preferably a dedicated blood bag, and hemoconcentrated in the blood reservoir while connected in a sub circuit of the ECC.

In addition to the recovery of a patient's blood following surgery, a related concern is the management of the fluid volume in the ECC and in the patient during surgery. The volume of fluid circulated to the patient during surgery over the course of several hours must be varied to correspond with the particular stages in the surgery and the patient's physiology. Make-up fluid or volume (crystalloid, colloid or blood product) is required when the overall need or blood concentration in the ECC and the patient needs correction for stabilization. This large amount of diluted blood increases the time necessary for recovery of the patient's whole blood after surgery.

Extracorporeal circuits can be necessary after surgery, for example in the critical intensive care or ICU where the patient relies on the ECC for a period of days rather than hours and are referred to as ECMO or VADS. The concentration of blood in the patient and the circuit, and the total volume of fluid in the patient plus the circuit can vary considerably, and it is important that the fluid volume management be closely monitored.

Presently, fluid management is rather varied and implemented by opening and closing clamps into and out of the venous reservoir of the ECC. Regardless of any other components that may be fluidly aligned, when the venous reservoir is fluidly connected in series along the fluid path along the cannula line from the patient and the cannula line to the patient, the venous reservoir acts imprecisely as an in-line accumulator of fluid or volume when the flow to the patient is to be decreased and as a source of fluid volume when flow to the patient is to be restored or increased.

SUMMARY OF THE INVENTION

It is an object of the present invention, to simplify and improve the efficiency of an extracorporeal blood circuit both in normal mode for circulating blood through the patient and in a subsequent mode for recovering concentrated whole blood from the circuit.

This simplification is achieved by eliminating the venous reservoir that is part of a conventional ECC, and substituting a blood reservoir that performs the fluid accumulation

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function of the venous reservoir and the blood recovery function of a blood bag where the fluid in the ECC system is collected or recovered and hemoconcentrated while providing a source of fluid makeup and air venting capabilities.

One aspect of the present disclosure is directed to the combination of a closed bag blood reservoir of substantially transparent, bio-compatible material, having upper and lower ends, an infusion port and connector located at the upper end of the bag, an outlet port and connector located at the lower end of the bag, an inlet port and connector located at the lower end of the bag, and an IV port and connector located at the lower end of the bag. A split line or "Y" is connected to the infusion connector, having first and second branch lines, wherein the first branch line is connected to a source of volume makeup fluid into the reservoir and the second branch line is an air evacuation line from the reservoir.

The preferred implementation is directed to an extracorporeal blood circulation system comprising a venous cannula line having an inlet for drawing oxygen deficient blood from the patient, and an outlet; an oxygenator in fluid communication with the outlet of the venous cannula, having an inlet for receiving oxygen deficient blood and an outlet for oxygenated blood; an arterial cannula line having an inlet in fluid communication with the outlet of the oxygenator and an outlet for delivering oxygenated blood to the patient; and a pump having an inlet connected to the outlet of the venous cannula line and an outlet connected to an inlet line of the oxygenator, for inducing blood flow through the venous cannula line, oxygenator, and arterial cannula line. The reservoir line inlet extends between the outlet of the pump and the inlet port connector and the reservoir outlet line extends between the inlet of the pump and the outlet port connector. The first branch of the split line is connected to a source of volume makeup fluid into the reservoir and the second branch line is vented from the reservoir.

Another aspect is directed to a heart lung machine configurable into an extracorporeal blood circulation system, having an air detector upstream of the pump and vent controller which upon detection of air upstream of the pump, automatically configures a venting path in which the inlet lines to the pump and to the blood reservoir are open such that air rises to the upper end of the blood reservoir from which it can be vented through the infusion port into the air evacuation line.

Preferably, the machine frame including a front panel has at least one opening; a blood reservoir support plate in the opening, mounted on the frame; a blood reservoir supported by the support plate; a venous cannula line having an inlet for drawing oxygen deficient blood from the patient, and an outlet; an oxygenator in fluid communication with the outlet of the venous cannula, having an inlet for receiving oxygen deficient blood and an outlet for oxygenated blood; and an arterial cannula line having an inlet in fluid communication with the outlet of the oxygenator and an outlet for delivering oxygenated blood to the patient. The pump has an inlet connected to the outlet of the venous cannula line and an outlet connected to an inlet line of the oxygenator, for inducing blood flow through the venous cannula line, oxygenator, and arterial cannula line. The support plate is held within the opening by a respective bracket fixed to the frame and engaging each of the infusion line, inlet line, and outlet line of the bag. Reservoir flow control means are situated at each bracket for selectively opening or closing the infusion line, inlet line and outlet line, respectively in accordance with control signals.

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The preferred embodiment includes flow path control means such as clamps, selectively configuring in at least three blood flow paths. A main path has the inlet and outlet lines of the blood reservoir blocked while pumped blood flows through the venous cannula line, the oxygenator, and the arterial cannula line. An accumulator path has the inlet to the oxygenator and the outlet line of the blood reservoir blocked while blood flows through the venous cannula line and the inlet line to the blood reservoir. A discharge path has the inlet line of the blood reservoir blocked while the outlet line of the blood reservoir is open whereby blood from the blood reservoir flows with pumped blood from the venous cannula line into the oxygenator and the arterial cannula line. The flow control means are further configurable with the infusion line normally closed and selectively open when either makeup flow is delivered through the makeup line to the reservoir or air is vented from the reservoir.

BRIEF DESCRIPTION OF THE DRAWING

These and other objects and advantages of the invention will be evident to practitioners in this field, upon reading the following description of the preferred embodiment in conjunction with the accompanying drawing, in which:

FIG. 1 is a schematic representation of a cardiopulmonary bypass system connected to a patient during surgery;

FIG. 2 is a schematic representation of a conventional bypass system, showing various fluid circuits as connected during surgery;

FIG. 3 is a schematic representation of how the circuits shown in FIG. 2 can be modified during a particular step of a blood recovery and hemoconcentration method according to the incorporated U.S. Pat. No. 5,928,178;

FIGS. 4 and 5 are elevation and section views of the blood bag shown in FIG. 3, which is the preferred embodiment of the blood reservoir for implementing the present invention; and

FIG. 6 is a schematic of one aspect of the inventive system in which a blood reservoir replaces a conventional venous reservoir, configured in a main path for direct flow of deoxygenated blood from the venous cannula line, through an arterial pump to an oxygenator and return to the patient through an arterial cannula;

FIG. 7 is a schematic of the system shown in FIG. 6, configured in an accumulator path by which fluid in the venous cannula line flows to the blood reservoir while bypassing the oxygenator;

FIG. 8 is a schematic of the system of FIG. 6, configured in a discharge path by which fluid in the blood bag is added to the flow into the pump from the venous cannula line for delivery to the oxygenator;

FIG. 9 is a schematic of the system of FIG. 6, in a recovery path configured to hemoconcentrate the fluid in the blood reservoir after the case;

FIG. 10 is a schematic of a further preference, whereby the infusion port at the upper end of the blood reservoir is connected to "Y" tubing through which fluid volume makeup can be added to the system and air can be vented from the system;

FIG. 11 is a schematic of one way of modular mounting the pump tubing set and the blood reservoir to each other and to the front panel of a heart lung machine;

FIG. 12 is a schematic of a recessed portion of the front panel and an associated flow controller, before receiving the pump tubing set;

FIG. 13 is a schematic of the pump tubing set before installation in the panel recess shown in FIG. 12; and

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FIG. 14 is a schematic of the reservoir unit before installation on the front panel shown in FIG. 11.

DESCRIPTION OF THE PREFERRED EMBODIMENT

FIG. 1 schematically shows a patient 10 during heart bypass surgery, wherein a cardiopulmonary bypass (CPB) system, also known as a heart/lung machine 100, is connected to the patient's heart 12. The CPB system 100 includes an arterial cannula 102 inserted into the aorta at the heart 12 and a venous cannula 104 inserted into one or both of the vena cava. Arterial pump 106 (and associated components to be described hereinafter), receives deoxygenated blood from the venous cannula 104, via inlet line 108, and delivers externally oxygenated blood via outlet line 110, to the arterial cannula 102.

FIG. 2 shows additional details represented schematically, of one conventional arrangement by which the CPB system 100 is connected to the patient 10 during bypass surgery. Deoxygenated blood in the inlet line 108 enters a venous reservoir 112, which is fluidly connected to the arterial pump 106. The discharge from the pump 106 enters a heat exchanger and oxygenator 114, passes through an arterial filter 116, before eventually entering the arterial cannula 102. The components and lines 102-116, can be considered collectively, as defining a CPB circuit 118.

The CPB system 100 typically includes other circuits as well. A field suction circuit 120 includes a roller pump 122, a suction inlet line 124 to the pump 122, and a suction outlet line 126 which returns to the venous reservoir 112 (or optionally a cardiomy reservoir 130 prior to the venous reservoir). The suction inlet 124 terminates in a so-called "field sucker" 128, by which bleeding at the field can be recovered during surgery.

Another circuit is the vent circuit 132, having a vent inlet line 134 leading to a roller pump 138, from which air and blood vented from the heart 12, can eventually be delivered via outlet line 136 to the venous reservoir 112 or cardiomy reservoir 130.

A cardioplegia circuit 140 is typically present, whereby oxygenated blood can be selectively drawn from the oxygenator 114, via cardioplegia inlet line 142, into the cardioplegia pump 146, where cardioplegia solution from bag 144 can be mixed therewith, for delivery via cardioplegia outlet 148, to a cardioplegia processing unit 150. The processing unit 150 typically includes a heat exchanger, a bubble trap, and temperature and pressure monitor. The outlet line 152 from the unit 150 terminates in a cardioplegia cannula 154 or needle.

The schematics of FIGS. 3-5, show the present inventor's specially adapted and commercially available Hemobag® container 200 connected to the CPB circuit of FIG. 2, for recovery and hemoconcentration of the fluid in the CPB system after surgery, i.e., after the case. A bag 200 of appropriate size is selected by the perfusionist who will transfer most of the blood in the CPB circuit 118, into the bag 200. The bag 200 with blood, is connected to a hemoconcentrating circuit 300, as shown in FIG. 3.

The bag 200 as shown in FIG. 4, is in effect a bag system, comprising a closed, sterile bag 218 of substantially transparent, bio-compatible material, of a type conventionally used for blood storage/and or transfusion, e.g., polyvinyl. Such bags are typically oblong, thereby defining upper (top) and lower (bottom) ends 202, 204. The front side of the bag is marked with a scale 206, indicating the approximate

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volumetric gradations of the content of the bag. Typical bag sizes are 750, 1000 or 2000 milliliter.

An arterial infusion port **210** is situated at the top of the bag, and serves as the conduit for entry of blood from the arterial line **110** of the CPB circuit **118** after the cannulas **102,104** have been removed from the patient. The conduit defining the infusion port **210**, terminates in preferably, a stepped and tapered $\frac{1}{4}$ - $\frac{3}{8}$ inch universal arterial infusion connector **212**. A dead end cap **214** and a clip **216** are carried by the conduit, and function therewith in a conventional manner. The clip **216** is preferably a so-called master clip, which can also serve as a hanger for the Hemobag, after it has been filled with blood.

At the lower end **204** of the bag **218**, an outlet port **220** is defined by preferably, a $\frac{1}{4}$ inch conduit on which a clip **222** is carried. Preferably, a $\frac{1}{4}$ inch Luer connector **224** is connected to the conduit **220**, or formed integral therewith, for selectively admitting a flow of air or fluid bidirectionally for reasons to be discussed more fully below. A $\frac{1}{4}$ inch connection **228** extends below the Luer **224**, and a dead end cap **226** is carried thereon.

An inlet port **235** is also situated in spaced relation from the outlet port **220**, at the bottom or lower end of the bag. The inlet port is typically defined by a conduit having a $\frac{1}{4}$ inch end connector **230**, and a dead end cap **232**. A clip **234** is carried by the inlet conduit **235**.

An intravenous IV line **240** is also situated at the lower end of the bag. This is a conventional large bore IV line, having a clip **238** and a terminal female connector **242** for receiving a male IV spike when the contents of the bag are to be reinfused to the patient. The IV line **240** is preferably situated between the outlet port **220** and the inlet port **235** and has a sterile cap **244**.

When the bag **200** as depicted in FIG. 4, is set-up, the inlet clip **222** and cap **226**, outlet clip **234** and cap **232**, and IV clip **238** and cap **244** are placed in the closed condition, whereas the infusion clip **216** and cap **214** are open. A connection with the arterial cannula **102** or the arterial line **110**, which is typically a $\frac{1}{4}$ or $\frac{3}{8}$ inch line, is then inserted or secured to the universal connector **212** at the infusion port **210** of the bag using spare tubing. The venous cannula **104** is detached from line **108**, and a crystalloid solution, is introduced as shown at **158**, into line **108**. This chases the blood in the CPB circuit **118**, along line **108**, through the venous reservoir **112**, the pump **106** and the remaining components, whereby most of the patient's blood in the CPB circuit **118**, is chased into the bag **200**. As an alternative, crystalloid solution can be introduced at the venous reservoir **112**, via line **160**, as a more convenient way of chasing most, but not all, of the blood in the CPB circuit **118** into the bag **200**.

When the bag **200** has been filled the infusion port **210** is closed. Using the clip **216** and cap **214** reconnection of the arterial and venous lines with the appropriate size Luer connector for recirculation can be made. The filled bag is processed by the perfusionist, who will establish the hemoconcentrating circuit **300** as depicted in FIG. 3. The bag can be hung in any convenient manner, via the master clip **216**. There are a variety of available circuits of the CPB system **100**, other than the arterial circuit **118**, which can be disconnected and reconfigured to form the hemoconcentration circuit **300**. When available, however, connections are made to a spare roller pump. In the example shown in FIG. 3, the suction circuit **120** of FIG. 2, has been removed from roller pump **122**. A new $\frac{1}{4}$ inch line is connected through the pump **122** from the outlet port **220** of the Hemobag via line portion **310**, and line portion **312** is connected between the outlet of

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the pump **122** and the inlet **306** of a hemoconcentrator **302**. The outlet of the concentrator **302** is attached via new line **304**, to the inlet port **235** of the bag. The hemoconcentrator **302** can be of any conventional configuration, e.g., such as is available as Model HF5000 from Fresenius Medical Care North America, Waltham, Mass. In such hemoconcentrators, a flow of effluent is discharged at **308**. The effluent at **308** is removed and only the hematocrit-enriched concentrated whole blood is delivered through line **304** to the bag **200**.

The Hemobag **200** preferably includes a baffle **236** located inside the bag, and oriented for directing upward flow entering the bag through the inlet port **235**, away from the outlet port **220**. The baffle **236** assures even mixing of blood which has been received from the hemoconcentrator **302**, with the less concentrated blood in the bag. In particular, the baffle **236** is located closer to the inlet port **235** than to the IV line **240** thereby blocking lateral flow of the concentrated blood when it enters the bag. FIG. 5 shows the baffle **236** as formed by pinching and heat sealing together, portions **246,248** of the front **250** and back **252** walls of the bag **218**. Alternatively, a distinct, oblong member (not shown) could be fixed between the walls, preferably at an angle to the vertical.

When the blood in the hemoconcentration circuit **300** reaches an appropriate concentration of hematocrit (for example, as represented by the percent volume reduction from the time circulation in configuration **300** was initiated), the roller pump **122** is stopped and outlet port **220** is closed via clip **222**. A flow of air or crystalloid solution is introduced through Luer **224**, which is below the clip **222**, such that the fluid in line **310**, pump **122**, hemoconcentrator **302**, and line **304** is deprimed and chased back into the bag **200**, by pumping through inlet port **235**, and the pump **122** is turned off. The clip **234** then closes port **235**, and lines **310** and **304** are disconnected from the end connectors **228** and **230**. At this point, all clips **216,222** and **234** are closed, and the respective dead end drip caps **214,226** and **232** can be secured to the respective end connectors **212,228** and **230**. Line **240** has remained closed by clip **238**, and sterile by cap **244**.

Although it is preferable that hemoconcentration occur in the operating room adjacent to the field, without undermining the integrity of the CPB circuit, this is not absolutely necessary. For example, the bag can be taken out of the operating room, and hemoconcentration achieved at a different time and different place. Nevertheless, it is contemplated that in most operating rooms, the hemoconcentration will be completed and the Hemobag with concentrated blood will be available for reinfusion, during the time period when the patient is in the operating room.

FIGS. 6-8 show the preferred context and FIGS. 10-14 show the preferred implementation of the present invention. An extracorporeal blood circulation system (ECC) **320** includes a venous cannula line **324** having an inlet **326** for drawing oxygen deficient blood from the patient, and an oxygenator **330** in fluid communication with the outlet **328** of the venous cannula line **324**, having an inlet **332** for receiving oxygen deficient blood and an outlet **334** for oxygenated blood, and an arterial cannula line **336** having an inlet **338** in fluid communication with the outlet **334** of the oxygenator **334** and an outlet **340** for delivering oxygenated blood to the patient. An arterial pump **342** has an inlet **344** connected to the outlet **328** of the venous line **324** and an outlet **346** connected to an inlet line **332** of the oxygenator **330**, and arterial cannula line **336**. An arterial filter **335** is preferably provided after the oxygenator **330**. A blood reservoir **348** has an inlet line **350** connected to the outlet

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346 of the pump and an outlet line 352 connected to the inlet 344 of the pump. The reservoir has a thrombo-resistant or other biocompatible coating on the inside surface. Flow control means 354-360, such as manually or solenoid operated clamps, valves, or the like, can be opened (shown as open circle) or closed (shown with "X") to permit or block flow, respectively. The four clamps or the like permit selective configuring of at least three blood flow paths.

FIG. 6 shows a main path in which the inlet 350 and outlet lines 352 of the blood reservoir 348 are blocked at 354 and 360 while pumped blood flows through the venous cannula line 324, the oxygenator 330, and the arterial cannula line 336.

FIG. 7 shows an accumulator path in which the inlet to the oxygenator 332 and the outlet line of the blood reservoir 352 are blocked at 356 and 360 while blood flows through the venous cannula line 324 and the inlet line to the blood reservoir 350 (with or without the pump operating).

FIG. 8 shows a discharge path in which the inlet line of the blood reservoir 350 is blocked at 354 while the outlet line 352 of the blood reservoir is open at 360 whereby blood from the blood reservoir 348 flows with pumped blood from the venous cannula line 324 into the oxygenator 330 and the arterial cannula line 336.

FIG. 9 shows the preferred embodiment with Hemobag including an infusion port 362 located at the upper end 363 of the bag 367, an IV port 364 located at the lower end 365 of the bag 367, and a system configuration by which the fluid in the system is hemoconcentrated. In a preceding step, the clamps 354-360 are configured so that the system fluid is pumped or drained into the reservoir 367. The reservoir 367 would typically have a volume capacity that exceeds that of the remainder of the system, e.g., the blood reservoir 367 should have a capacity of about two liters whereas the fluid volume of the rest of the ECC system would typically be about 1.0 to about 1.5 liters.

The flow control clamps 354-360 are then configured into a recovery path in which the venous cannula line 324 and the oxygenator inlet line 334 are blocked at 356 and 358 while the blood reservoir inlet 350 is open to bypass line 369 while line segment 371 is closed at 373 and outlet line 352 is also open at 360. A hemoconcentrator 366 is fluidly connected between the outlet of the pump 346 through open clamp 354 and the inlet line of the blood reservoir 350, thereby establishing a recirculating flow of blood between the blood reservoir 367 and the hemoconcentrator 366.

In the embodiment of FIGS. 6-8, the blood reservoir 348 does not have an infusion port 362 at the top or an IV port 366 at the bottom, but the hemoconcentration according to FIG. 9 can be achieved using only the inlet 350 and outlet 352 ports.

However, if the blood reservoir with hemoconcentrated blood is to be used directly for reinfusion, the IV port 364 is necessary.

FIG. 10 shows the embodiment 400 in which the infusion port 362 is used for makeup volume and venting. The common line 402 of a split line (such as "Y" tubing) is connected to the infusion connector 362, having first 404 and second branches 406. The first branch line 404 has a spike connector 404' fluidly connected to a line from a source of volume makeup fluid 408 into the reservoir. The second branch line 406 is an air evacuation line from the reservoir, which may remain open or have an associated spike or 1/4 inch connector 406' if the air is to pass through an extension line into an empty bag 407 or suction.

Preferably, an air detector 410 is situated downstream of pump 342, preferably after the oxygenator 330 and arterial

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filter 335, before the arterial cannula line outlet 340. A vent controller 412 is responsive to the air detector 410. Upon detection of air while the system is configured in the main flow path (FIG. 6) the vent controller 412 operates clamps to configure a venting path (FIG. 10) in which the inlet lines to the pump 342 and to blood reservoir 367 are open such that air rises to the top of the reservoir from which it can be vented through line 406.

Although the described system can be configured with any arterial pump 342 that is present in the extracorporeal circuit, a centrifugal pump is preferred because the circuit can be passively drained into the blood reservoir without disengaging the pump (as is required for positive displacement pumps such as roller pumps).

FIGS. 11-14 show the preferred hardware implementation for achieving the functionality described with respect to FIGS. 6-10. A portion 500 of one machine 502 includes an insert or frame 504 which, in the illustrated embodiment has inner perimeter 506 defining a recessed region 510 and another inner perimeter 508 defining another recessed region which, in FIG. 11, has a substantially flat support plate 512 and associated blood reservoir bag 514 installed therein. In the lower portion 510, a pump tubing insert 516 is removably mounted. The tubing assembly 516 as shown in FIG. 13 is connected to pump 522.

In the illustrated embodiment, the support plate 512 and reservoir 514 carried thereon form a unit 524 which is inserted in the upper perimeter 508.

The tubing assembly 516 as shown in FIG. 13, has pump inlet 526 and an outlet 528 through which fluid flows in the direction of the arrows. The inlet 526 can receive fluid through one or both of branch lines 530 and 532, and likewise can deliver fluid through one or both of branch lines 534 and 536. Each of these branch lines has an associated connector 538a, b, c, and d. The installation of the pump insert 516 will be first described with reference to FIGS. 12 and 13. Each of the inlet, outlet and branches is pressed into any suitable guide, indicated at 540, 542, 544, 546, 548, and 550, respectively. The branches 530, 532, 534 and 536 are also inserted in clamping members 552, 554, 556 and 558 respectively. Each clamping member can be actuated by a pair of solenoids, or one clamping surface can be stationary while only the other is actuated, whereby flow through the branches can be selectively opened or closed.

When the reservoir unit 524 is inserted into the opening 508, it can be clamped therein with pivoting or other spring loaded locks such as shown at 572a, 572b in FIG. 11. As shown in FIG. 14, the reservoir has an inlet line 560 and an outlet line 562 with respective connectors 564a and 564b. The inlet and outlet lines preferably have Luers 566a and 566b. Preferably, an IV transfusion line with associated connector is also provided as shown at 568. The bag may be secured to the support plate 512 by pivoting or spring loaded locks 570a, 570b and 570c. Preferably, the bag also has an infusion line 574 with a "Y" type connection 576 and the upper portion of the bag can be held in place by the lock 570a acting on the infusion line 574.

As shown in FIG. 11, the overall system is configured such that the connector 538c on outlet branch 534 of the pump mates with connector 564a on the inlet line to the reservoir 514. Similarly, the connector 538a on the pump inlet branch 530 is mated with connector 564b on the outlet line 562 of the reservoir.

This arrangement and associated clamps 552, 554, 556, and 558 permit a variety of flow configurations. In general, however, a primary flow from the venous cannula enters pump inlet branch 532 through the connection at 538b, and

is delivered to the oxygenator in the pump outlet branch **536** at connector **538d**. A parallel flow loop can also be formed with flow from the pump **522** through outlet branch **534** into reservoir inlet line **560**, through the reservoir **514**, out the reservoir outlet line **562** and back to the pump through pump inlet branch **530**. In an automated system electronic controls would likewise be built-in, including a power source **580**, a control logic at **582**, with signal lines indicated generally at **584** going to the respective four solenoids of the four clamps. A display **588** of digitally or electro-mechanically connected set of switches or the like **586a-586d** for either opening or closing the respective clamps and thereby configure the various available flow paths evident from FIG. **11**.

The component shown in FIG. **12** can be carried on another support plate or the same support plate as indicated at **512** in FIG. **14**. The plate could be locked to a frame using pivoting, spring loaded or similar locks such as shown at **590a-d**. The clamps could be mounted on the plate but manually operated. Alternatively, the plate could only have the guides whereas the branches of the pump insert would carry manually operated clamps. Based on the present disclosure, one of ordinary skill can readily design alternatives falling within the scope of the invention, in which all, a portion, or none of the pump is carried by the pump insert.

The various flow configurations have been described with respect to FIGS. **6-10**. In that embodiment, the blood reservoir **514** is removed from the support plate **512** after closing clamps **592** and **594** (as shown in FIG. **14**), whereupon the reservoir **514** is connected in a hemoconcentration circuit via connectors **564a**, **564b**. In another embodiment, hemoconcentration can be performed while the reservoir is on the support **512** and still fluidly connected to the pump tubing set **516**, by connecting the inlet and outlet of the hemoconcentrator and tubing associated with a different pump, to the Luers **566a**, **566b** of the inlet line **560** and outlet line **562** of the reservoir **514**.

The system is also valuable as part of the ECC used with patients in critical care areas, which may require continuous connection to a ECC over a period of several days, where fluid volume management as well as autologous blood recovery are improved relative to known techniques. Such long term configuration may or may not include an oxygenator, and the cannulas from and to the patient may be situated in locations other than standard venous and arterial blood vessels.

The invention claimed is:

1. An extracorporeal blood circuit system (ECC) for use on a patient, comprising
 - a venous cannula line having an inlet and an outlet;
 - an oxygenator in fluid communication with the outlet of the venous cannula line, having an inlet for receiving oxygen deficient blood and an outlet for oxygenated blood;
 - an arterial cannula line having an inlet in fluid communication with the outlet of the oxygenator and an outlet for delivering oxygenated blood;
 - a pump having a split inlet and a split outlet, wherein one branch of the split inlet is connected to the outlet of the venous cannula line and one branch of the split outlet is connected to an inlet line of the oxygenator, for inducing blood flow through the venous cannula line, oxygenator, and arterial cannula line;
 - a closed bag blood reservoir of substantially transparent, bio-compatible material, having upper and lower ends, an infusion port and connector located at the upper end of the bag, an outlet port and connector located at the lower end of the bag, an inlet port and connector

- located at the lower end of the bag, and an IV port and connector located at the lower end of the bag;
 - a reservoir inlet line connected between another branch of the split outlet of the pump and the inlet port connector and a reservoir outlet line connected between another branch of the split inlet of the pump and the outlet port connector;
 - a reservoir split line connected to the infusion connector, having first and second branch lines wherein the first reservoir branch line is connected to a source of volume makeup fluid into the reservoir and the second reservoir branch line is an air evacuation line from the reservoir; wherein
 - said pump split inlet is connected to and receives all flow from the outlet of the venous line through a first flow control means, and is connected to and receives all flow from the outlet port of the blood reservoir through a second flow control means;
 - said pump split outlet is connected to the inlet of the oxygenator through a third flow control means and to the inlet port of the blood reservoir through a fourth flow control means;
 - a fifth flow control means is situated in a flow line segment between the fourth control means and the inlet line of the blood reservoir;
 - said flow control means selectively configures a recovery path in which the venous cannula line and flow to the oxygenator are blocked while the blood reservoir inlet and outlet lines are open; and
 - a hemoconcentrator is fluidly connected in a flow configuration parallel to said line segment, between the fourth control means and the inlet line of the blood reservoir, thereby establishing a recirculating flow of blood from the blood reservoir to the pump, from the pump to the hemoconcentrator, and from the hemoconcentrator to the inlet line of the blood reservoir, when the first control means, third control means and the fifth control means are closed, and the second control means and fourth control means are open.
2. The extracorporeal blood circuit system of claim 1, wherein said flow control means are selectively configurable into at least three blood paths for flowing blood delivered by said pump, including
 - a main path in which the inlet and outlet lines of the blood reservoir are blocked while pumped blood flows through the venous cannula line, the oxygenator, and the arterial cannula line,
 - an accumulator path in which the inlet to the oxygenator and the outlet line of the blood reservoir are blocked while pumped blood flows through the venous cannula line and the inlet line to the blood reservoir, and
 - a discharge path in which the inlet line of the blood reservoir is blocked while the outlet line of the blood reservoir is open whereby pumped blood from the blood reservoir flows with pumped blood from the venous cannula line into the oxygenator and the arterial cannula line.
 3. The extracorporeal blood circuit system of claim 1, including
 - an air detector between the oxygenator and the outlet of the arterial cannula line; and
 - a vent controller which upon detection of air by said detector while the system is configured in a main flow path in which the reservoir inlet line and reservoir outlet line are blocked while pumped blood flows through the venous cannula line, the oxygenator, and the arterial cannula line, automatically configures a

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venting path in which the inlet lines to the pump and to the blood reservoir are open such that air rises to the upper end of the blood reservoir from which it can be vented through the air evacuation line.

4. The extracorporeal blood circuit of claim 1, wherein each of the control means is a manually operated clamp. 5

5. The extracorporeal blood circuit of claim 1, wherein each of the control means includes a solenoid operated clamp.

6. The extracorporeal blood circuit of claim 3, wherein the vent controller configures the venting path by operating a plurality of said control means. 10

7. The extracorporeal blood circuit of claim 2, including an air detector between the oxygenator and the outlet of the arterial cannula line; and 15

a vent controller which upon detection of air by said detector, automatically configures a venting path in which the inlet lines to the pump and to the blood reservoir are open such that air rises to the upper end of the blood reservoir from which it can be vented through the air evacuation line. 20

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